## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

10/539867

|  |  | . 01 41110                                   |  |                                |            |                                     | _      |                   | <del></del>            |    |                               |                        |
|--|--|--|--|--------------------------------|------------|-------------------------------------|--------|-------------------|------------------------|----|-------------------------------|------------------------|
| L  |  | CLAIMS                                       | AS FILED -<br>(Column                      | •                              | (Column 2) |                                     |        | SMALL ENTITY TYPE |                        | OR | OTHER THAN<br>OR SMALL ENTITY |                        |
| U.S. NATIONAL STAGE FEES   |  |  |  |                                |            |                                     | ]      | RATE              | FEE                    | ]  | RATE                          | FEE                    |
| BASIC FEE  |  |  | SMALL ENT.                                 | = \$ 150                       | LARC       | SE ENT. = \$ 300                    | 1      | BASIC FEE         |                        | OR | BASIC FEE                     | 300                    |
| EXAMINATION FEE  |  |  | Satisfies PCT Ar<br>(4) = \$ 50 /          |                                |            | ther situations =<br>100/\$ 200     |        | EXAM FEE          |                        |    | EXAM. FEE                     |                        |
| SEARCH FEE   |  |  | U.S. is iSA = \$ ALL other cou \$ 200 / \$ | nines =                        |            | ther situations =<br>3 250 / \$ 500 |        | SEARCH FEE        |                        |    | SEARCH FEE                    | 2 <u>co</u>            |
| FEE FOR EXTRA SPEC. PGS.   |  |  | minu                                       | ıs 100 =                       |            | / 50 =                              |        | X \$ 125 =        |                        |    | X \$ 250 =                    | 1                      |
| 701  | TAL CHARGEAE                                   | BLE CLAIMS                                   | ie min                                     | us 20 =                        | •          | •                                   |        | X \$ 25 =         |                        | OR | X \$ 50 =                     |                        |
| INDEPENDENT CLAIMS   |  |  | 3. m                                       | inus 3 =                       | • .        |                                     |        | X \$ 100 =        |                        | OR | X \$ 200 =                    |                        |
| MU   | TIPLE DEPEN                                    | DENT CLAIM PRI                               | ESENT                                      | •                              |            |                                     |        | + \$ 180 =        |                        | OR | + \$ 360 =                    |                        |
| " If the difference in column 1 is less than zero, enter "0" in column 2   |  |  |  |                                |            | olumn 2                             |        | TOTAL             |                        | OR | TOTAL                         | ತಹ                     |
| CLAIMS AS AMENDED - PART II  |  |  |  |                                |            |                                     |        |                   |                        |    | ٠.                            | 1030                   |
|  |  |  | •  |                                | •          | OTHER                               | THAN   |                   |                        |    |                               |                        |
| (Column 1) (Column 2) (Column 3)   |  |  |  |                                |            |                                     |        | SMALL E           | NTITY                  | OR | SMALL E                       |                        |
| AMENDMENT A  | slisks   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |  | HIGH<br>NUMI<br>PREVIO<br>PAID | DUSLY      | PRESENT<br>EXTRA                    |        | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | .16  | Minus                                      | • <u>a</u>                     |            | •                                   |        | X \$ 25 =         | /                      | OR | × \$ 50 =                     |                        |
|  | independent                                    | • 3  | Minus                                      | <b>~</b> 3                     |            |                                     |        | X \$ 100 =        |                        | OR | X \$ 200 =                    |                        |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                                |            |                                     |        | + \$ 180 =        | 1                      | OR | + \$ 360 =                    |                        |
|  |  |  |  |                                |            |                                     | •      | TOTAL ADDIT.      |                        | OR | TOTAL ADDIT.                  |                        |
| 9/767  |  |  |  |                                |            |                                     |        | FEE (             | ·                      |    | FEÉ                           | . ;                    |
| _  |  | (Column 1)                                   | <del>,</del>                               | (Colun                         |            | (Column 3)                          |        |                   |                        |    | ·                             |                        |
| AMENDMENT B  | V  | REMAINING<br>AFTER<br>AMENOMENT              |  | NUME<br>PREVIO<br>PAID I       | BER        | PRESENT<br>EXTRA                    |        | RATE              | ADDI-<br>TIONAL<br>FEE | )  | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 15   | Minus                                      | • A                            | ) .        | •. <i>9</i>                         |        | X \$ 25.=         | . /                    | OR | X \$ 50 =                     |                        |
|  | independent                                    | • /  | Minus                                      | <del></del> 3                  | , · .      | • (P)                               |        | X \$ 100 =        |                        | OR | X \$ 200 =                    |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                                |            |                                     |        | + \$ 180 =        | . (                    | OR | + \$ 360/=                    | •                      |
|  | •  |  |  |                                |            |                                     |        | TOTAL ADDIT.      |                        | OR | TOTAL ADDIT.                  |                        |
| •  |  | •  | •  | •                              |            |                                     |        | FEE [             |                        |    | FEE                           |                        |
|  | ••   |  |  |                                |            |                                     |        |                   |                        | •  |                               | 1                      |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |  |  |                                |            |                                     |        |                   |                        |    |                               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". |  |  |  |                                |            |                                     |        |                   |                        |    |                               |                        |
|  | The Highest Num                                | niser Previously Paid<br>ber Previously Paid | For (Total or Inde                         | oendeni) is                    | the high   | hest number found                   | in the | eppropriate box   | in column 1.           |    |                               | · I                    |